

Form 1040		Department of the Treasury - Internal Revenue Service		U.S. Individual Income Tax Return		2009		(99) IRS Use Only-Do not write or staple in this space.	
Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.	L	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning				2009, ending		20	
	A	Your first name and initial				Last name		OMB No. 1545-0074	
	B	DAVID A				WILLIAMS		Your social security number	
	E	If a joint return, spouse's first name and initial				Last name		Spouse's social security number	
	L	Home address (number and street). If you have a P.O. box, see page 14.				Apt. no.		You must enter your SSN(s) above.	
	H	YONKERS				NY		10703	
	E	City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.						Checking a box below will not change your tax or refund.	
	R	Presidential Election Campaign				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)		You <input type="checkbox"/> Spouse <input type="checkbox"/>	
	E	Filing Status				1 <input checked="" type="checkbox"/> Single		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.	
		2 <input type="checkbox"/> Married filing jointly (even if only one had income)				5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)			
		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.							
		Exemptions				6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a		Boxes checked on 6a and 6b	
		b <input type="checkbox"/> Spouse						1	
		c Dependents:						No. of children on 6c who:	
		(1) First name Last name				(2) Dependent's social security number		(3) Dependent's relationship to you	
								(4) Check if qualifying child for child tax credit (see page 17)	
		If more than four dependents, see page 17 and check here <input type="checkbox"/>						a lived with you	
								b did not live with you due to divorce or separation (see page 18)	
								Dependents on 6c not entered above	
		d Total number of exemptions claimed						Add numbers on lines above	
		7 Wages, salaries, tips, etc. Attach Form(s) W-2						11,301	
		8a Taxable interest. Attach Schedule B if required				8a			
		b Tax-exempt interest. Do not include on line 8a				8b			
		9a Ordinary dividends. Attach Schedule B if required				9a			
		b Qualified dividends (see page 22)				9b			
		10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)				10			
		11 Alimony received				11			
		12 Business income or (loss). Attach Schedule C or C-EZ				12		15,924	
		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>				13			
		14 Other gains or (losses). Attach Form 4797				14			
		15a IRA distributions				15a		b Taxable amount (see page 24)	
		15b Pensions and annuities				15b		b Taxable amount (see page 25)	
		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17			
		18 Farm income or (loss). Attach Schedule F				18			
		19 Unemployment compensation in excess of \$2,400 per recipient (see page 27)				19			
		20a Social security benefits				20a		b Taxable amount (see page 27)	
		21 Other income				21			
		22 Add the amounts in the far right column for lines 7 through 21. This is your total income				22		27,225	
		23 Educator expenses (see page 29)				23			
		24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ				24			
		25 Health savings account deduction. Attach Form 8889				25			
		26 Moving expenses. Attach Form 3903				26			
		27 One-half of self-employment tax. Attach Schedule SE				27		1,125	
		28 Self-employed SEP, SIMPLE, and qualified plans				28			
		29 Self-employed health insurance deduction (see page 30)				29			
		30 Penalty on early withdrawal of savings				30			
		31a Alimony paid b Recipient's SSN				31a			
		32 IRA deduction (see page 31)				32			
		33 Student loan interest deduction (see page 34)				33			
		34 Tuition and fees deduction. Attach Form 8817				34			
		35 Domestic production activities deduction. Attach Form 8863				35			
		36 Add lines 23 through 31a and 32 through 35				36		1,125	
		37 Subtract line 36 from line 22. This is your adjusted gross income				37		26,100	
		Adjusted Gross Income							
		For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97.				SEA		Form 1040 (2009)	

FD004544

Designer's
name **ALFRED SIMMS**

Phone no. **718-994-3208** Personal identification number (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Outside phone number
----------------	------	-----------------	----------------------

08-20-2010 DELIVERY

Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	914-943-9911
--	------	---------------------	--------------

Preparer's signature	Date 08-21-2010	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN [REDACTED]
Firm's name (or yours if self-employed), address, and ZIP code	ALFRED E SIMMS CPA [REDACTED]		EIN [REDACTED]

Phone no. 718-994-3208

**SCHEDULE A
(Form 1040)****Itemized Deductions**

OMB No. 1545-

2009Attachment
Sequence No.Department of the Treasury
Internal Revenue Service (109)

▶ Attach to Form 1040.

▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

DAVID A WILLIAMS**Medical
and
Dental
Expenses**

Caution. Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see page A-1)

1

2 Enter amount from Form 1040, line 38 **2**

2

3 Multiply line 2 by 7.5% (.075)

3

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

4

**Taxes You
Paid**

5 State and local (check only one box):

a ☒ Income taxes, or

5

b ☐ General sales taxes

784

6 Real estate taxes (see page A-5)

6

7 New motor vehicle taxes from line 11 of the worksheet on
page 2. Skip this line if you checked box 5b

7

8 Other taxes. List type and amount ▶

8

9 Add lines 5 through 8

9

784

**Interest
You Paid**

10 Home mortgage interest and points reported to you on Form 1098

10

11 Home mortgage interest not reported to you on Form 1098. If
paid to the person from whom you bought the home, see page
A-7 and show that person's name, identifying no., and address ▶

11

Note.
Personal
interest is
not
deductible.12 Points not reported to you on Form 1098. See page A-7 for
special rules

12

13 Qualified mortgage insurance premiums (see page A-7)

13

14 Investment interest. Attach Form 4952 if required. (See page A-8.)

14

15 Add lines 10 through 14

15

**Gifts to
Charity**16 Gifts by cash or check. If you made any gift of \$250 or
more, see page A-8

16

17 Other than by cash or check. If any gift of \$250 or more, see
page A-8. You must attach Form 8283 if over \$500

17

18 Carryover from prior year

18

19 Add lines 16 through 18

19

**Casualty and
Theft Losses**

20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.)

20

**Job Expenses
and Certain
Miscellaneous
Deductions**21 Unreimbursed employee expenses - job travel, union dues, job
education, etc. Attach Form 2106 or 2106-EZ if required. (See
page A-10.) ▶

21

22 Tax preparation fees

22

23 Other expenses - investment, safe deposit box, etc. List type
and amount ▶

23

24 Add lines 21 through 23

24

25 Enter amount from Form 1040, line 38 **25**

25

26 Multiply line 25 by 2% (.02)

26

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

27

**Other
Miscellaneous
Deductions**

28 Other - from list on page A-11. List type and amount ▶

28

**Total
Itemized
Deductions**

29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?

☒ No. Your deduction is not limited. Add the amounts in the far right column for
lines 4 through 28. Also, enter this amount on Form 1040, line 40e.☐ Yes. Your deduction may be limited. See page A-11 for the amount to enter.30 If you elect to itemize deductions even though they are less than your standard
deduction, check here ☐

For Paperwork Reduction Act Notice, see Form 1040 instructions.

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Schedule A (Form 1040) 2009

FD004546

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2009Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (09)

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

▶ Attach to Form 1040, 1040NR, or 1041.

▶ See instructions for Schedule C (Form 1040).

Name of proprietor

DAVID A WILLIAMS

Social security number (SSN)

A Principal business or profession, including product or service (see page C-2 of the instructions)**DELIVERY SERVICES****B** Enter code from pages C-9, 10, & 11**C** Business name. If no separate business name, leave blank.**DAVID A WILLIAMS****D** Employer ID number (EIN), if any**E** Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

YONKERS**NY 10703****F** Accounting method:(1) ☒ Cash(2) ☐ Accrual(3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses☒ Yes☐ No**H** If you started or acquired this business during 2009, check here**Part I** **Income****1** Gross receipts or sales. Caution. See page C-4 and check the box if:

• This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or

• You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.

☐**1****39,608****2** Returns and allowances**2****3** Subtract line 2 from line 1**3****39,608****4** Cost of goods sold (from line 42 on page 2)**4****5** Gross profit. Subtract line 4 from line 3**5****39,608****6** Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)**6****7** Gross income. Add lines 5 and 6**7****39,608****Part II** **Expenses.** Enter expenses for business use of your home only on line 30.**8** Advertising**8****9** Car and truck expenses (see page C-4)**9****21,524****10** Commissions and fees**10****11** Contract labor (see page C-4)**11****12** Depletion**12****13** Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)**13****14** Employee benefit programs (other than on line 19)**14****15** Insurance (other than health)**15****16** Interest:**a** Mortgage (paid to banks, etc.)**16a****b** Other**16b****17** Legal and professional services**17****18** Office expense**18****190****19** Pension and profit-sharing plans**19****20** Rent or lease (see page C-5):**20****a** Vehicles, machinery, and equipment**20a****b** Other business property**20b****21** Repairs and maintenance**21****22** Supplies (not included in Part III)**22****152****23** Taxes and licenses**23****24** Travel, meals, and entertainment:**24****a** Travel**24a****b** Deductible meals and entertainment (see page C-5)**24b****209****25** Utilities**25****26** Wages (less employment credits)**26****27** Other expenses (from line 48 on page 2)**27****1,609****28** Total expenses before expenses for business use of home. Add lines 8 through 27**28****23,684****29** Tentative profit or (loss). Subtract line 28 from line 7**29****15,924****30** Expenses for business use of your home. Attach Form 8829**30****31** Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-7).

• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a☐ All investment is at risk.**32b**☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see page C-8 of the instructions.

EEA

Schedule C (Form 1040) 2009

FD004547

Schedule C (Form 1040) 2009 **DELIVERY SERVICES 492000**Page **2**

Name(s)

SSN

DAVID A WILLIAMS**Part III Cost of Goods Sold** (see page C-8)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (year, month, day)	2009-01-25
44	Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:	
a	Business	39,135
b	Commuting (see instructions)	
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-25 or line 30.

TOLLS	1,047
TELEPHONE	456
CAR CHARGER	25
BLUE TOOTH	60
MOBILE DEVICE HOLDER	21
48 Total other expenses. Enter here and on page 1, line 27	1,609

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**

OMB No. 1545-0074

2009Attachment
Sequence No. **17**

▶ Attach to Form 1040. ▶ See instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

DAVID A WILLIAMSSocial security number of person
with self-employment income ▶**Who Must File Schedule SE**

You must file Schedule SE if:

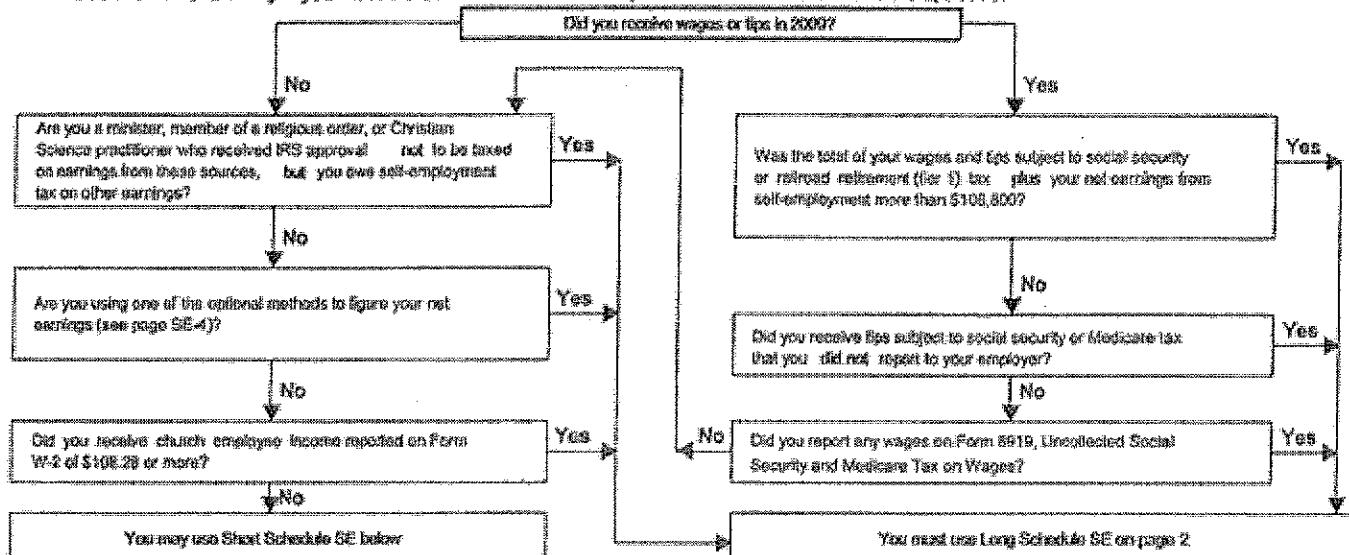
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 56.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.

**Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.**

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report	2	15,924
3 Combine lines 1a, 1b, and 2	3	15,924
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	14,706
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56	5	2,250
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	1,125

For Paperwork Reduction Act Notice, see Form 1040 instructions.

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Schedule SE (Form 1040) 2009

FD004549

SCHEDULE M
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)**Making Work Pay and Government
Retiree Credits**

▶ Attach to Form 1040A, 1040, or 1040NR.

▶ See separate instructions.

OMB No. 1545-0074

2009Attachment
Sequence No. 1

Name(s) shown on return

DAVID A WILLIAMS

Your social security number

[REDACTED]

1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR.

Check the "No" box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- ☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- ☐ **No.** Enter your earned income (see instructions) **1a**

b Nontaxable combat pay included online 1a (see instructions) **1b****2** Multiply line 1a by 6.2% (.062) **2****3** Enter \$400 (\$800 if married filing jointly) **3****4** Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) **4****400****5** Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 **5****26,100****6** Enter \$75,000 (\$150,000 if married filing jointly) **6****75,000****7** Is the amount on line 5 more than the amount on line 6?

- ☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- ☐ **Yes.** Subtract line 6 from line 5 **7**

8 Multiply line 7 by 2% (.02) **8****9** Subtract line 8 from line 4. If zero or less, enter -0- **9****400****10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

- ☒ **No.** Enter -0- on line 10 and go to line 11.
- ☐ **Yes.** Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) **10**

0**11** Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2.

- ☒ **No.** Enter -0- on line 11 and go to line 12.
- ☐ **Yes.**
- a If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses)
 - b If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10)
- **11**

0**12** Add lines 10 and 11 **12****13** Subtract line 12 from line 9. If zero or less, enter -0- **13****400****14** Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60 **14****400**

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

For Paperwork Reduction Act Notice, see Form 1040A, 1040, or 1040NR instructions.

EEA

Schedule M (Form 1040A or 1040) 2009

FD004550

1040

Overflow Statement

2009

Page 1

Name(s) as shown on return

Your Social Security Number

DAVID A WILLIAMS

FORM 1040 SCH C:- OTHER EXPENSES

Description	Amount
GEORGE WASHINGTON 75 X 8.00	\$ 600
NEW ROCHELLE PLAZE 65 X 1.75	114
WHITESTONE BRIDGE 10 X 5.50	55
WHITESTONE BRIDGE 13 X 5.00	65
HENRY HUDSON BRIDGE 3 X 3.00	9
HENRY HUDSON BRIDGE 25 X 2.75	69
NJ TURNPIKE 12 X 1.60	19
NJ TURNPIKE 17 X 1.10	19
GARDEN STATE PKWY 12 X 1.00	12
NJ TURNPIKE 26 X .90	23
NJ TURNPIKE 25 X 0.50	13
NJ TURNPIKE VARIOUS	38
VERRAZANO 1 X 11.00	11
Total:	\$ 1,047

1040

Overflow Statement

2009

Name(s) as shown on return

DAVID A WILLIAMS

Your Social Security Number

Schedule A, Line 5

Description

Amount

Form W-2 - STATE OF NEW YORK

\$ 784

Total:

\$ 784

For office use only *

New York State Department of Taxation and Finance

**Cover Sheet for Form IT-201
Resident Income Tax Return**

New York State • New York City • Yonkers

2009

IT-201

This is the cover sheet of your return. For your return to be complete you must include this cover sheet with all four pages of Form IT-201 and all required attachments.



Taxpayer name and address

Software vendor code

1024

Your social security number

Spouse's social security number

Your first name and middle initial

Your last name

DAVID

A

WILLIAMS

Spouse's first name and middle initial

Spouse's last name



Mailing address (number and street or rural route)

Apartment number

1

City, village or post office

State

ZIP code

YONKERS

NY

10703

Summary of return data

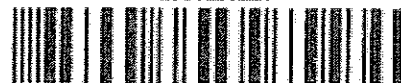
Federal adjusted gross income	26,100.
Total NYS adjusted gross income	26,341.
Total New York State tax withheld	554.
Total New York City tax withheld	211.
Total Yonkers tax withheld	19.
Amount to be refunded to you	
Amount you owe	190.



Staple check or
money order
here



0731091024



File this original scannable cover sheet
with all four pages of your tax return.

FD004553

IT-201

New York State • New York City • Yonkers

For the full year January 1, 2005, through December 31, 2005, or fiscal year beginning

For help completing your return, see the numbered instructions, Form IT-150 and IT-204.

and engines

Important: You must enter your social security number(s) in the boxes to the right.

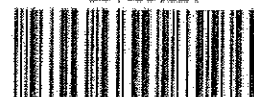
Federal income and adjustments

Only full-year New York State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 63). Also see page 4 instructions for showing a loss.

References

1	Wages, salaries, tips, etc.	1.	11,301.
2	Taxable interest income	2.	
3	Ordinary dividends	3.	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4.	
5	Alimony received	5.	
6	Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	6.	15,924.
7	Capital gain or loss (If required, attach a copy of federal Schedule D, Form 1040)	7.	
8	Other gains or losses (attach a copy of federal Form 4797)	8.	
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9.	
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10.	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11.	
12	Farm income or loss (attach a copy of federal Schedule F, Form 1040)	12.	
13	Unemployment compensation in excess of \$2,400 per recipient	13.	
14	Taxable amount of social security benefits (also enter on line 27)	14.	
15	Other income (see page 63) Identify:	15.	
16	Add lines 1 through 15	16.	27,225.
17	Total federal adjustments to income (see page 63) Identify: 1/2 SE TAX 1,125.	17.	1,125.
18	Federal adjusted gross income (subtract line 17 from line 16)	18.	26,100.

2011091024



FD004554

Page 2 of 4 IT-201 (2009)

Enter your social security number

Dollars

19 Federal adjusted gross income (from line 18 on the front page) 19. 26,100.

New York additions (see page 63)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 64) 21. 241.
 22 New York's 529 college savings program distributions (see page 64) 22.
 23 Other (see page 65) identify: 23.
 24 Add lines 19 through 23 24. 26,341.

New York subtractions (see page 68)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 68) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 68) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 69) identify: 31.
 32 Add lines 25 through 31 32.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 26,341.

Standard deduction or itemized deduction (see page 73)

34 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: ☐ Standard ☒ Itemized 34. 7,500.
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 18,841.
 36 Dependent exemptions (not the same as total federal exemptions; see page 78) 36.
 37 Taxable income (subtract line 36 from line 35) 37. 18,841.

**New York State
standard deduction table**

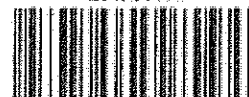
Filing status (from the front page)	Standard deduction (enter on line 34 above)
(1) Single and you marked Item C Yes	\$ 3,000
(1) Single and you marked Item C No	7,500
(2) Married filing joint return	15,000
(3) Married filing separate return	7,500
(4) Head of household (with qualifying person)	10,500
(5) Qualifying widow(er) with dependent child	15,000

or

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.
b Taxes you paid (federal Sch. A, line 9)	b.
b1 State, local and foreign income taxes included in line b above	b1.
c Interest you paid (federal Sch. A, line 15)	c.
d Gifts to charity (federal Sch. A, line 19)	d.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes and other subtraction adjustments (see page 73)	i.
j Subtract line i from line h	j.
k Addition adjustments (see page 74)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see page 75)	m.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.

2012091024



You must file all four pages of this original scannable return with the Tax Department.

FD004555

Name(s) as shown on page 1
DAVID A WILLIAMS

▼ Enter your social security number
[REDACTED]

IT-201 (2009) Page 3 of 4

Tax computation, credits, and other taxes (see page 77)

		Dollars
38	Taxable income (from line 37 on page 2)	38. 18,841.
39	New York State tax on line 38 amount (see page 77 and Tax Computation on pages 50 and 51)	39. 905.
40	New York State household credit (from table 1, 2, or 3 on pages 77 and 78)	40. 20.
41	Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 78)	41.
42	Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.
43	Add lines 40, 41, and 42	43. 20.
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44. 885.
45	Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.
46	Total New York State taxes (add lines 44 and 45)	46. 885.

New York City and Yonkers taxes, credits, and tax surcharges

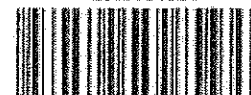
47	New York City resident tax on line 38 amount (see page 79)	47.	
48	New York City household credit (from table 4, 5, or 6 on page 79)	48.	
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	
50	Part-year New York City resident tax (attach Form IT-350.1)	50.	
51	Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.	
52	Add lines 49, 50, and 51	52.	
53	NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.	
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	
55	Yonkers resident income tax surcharge (see page 80)	55. 89.	
56	Yonkers nonresident earnings tax (attach Form Y-203)	56.	
57	Part-year Yonkers resident income tax surcharge (attach Form IT-350.1)	57.	
58	Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58. 89.	
59	Sales or use tax (See the instructions on page 81. Do not leave line 59 blank.)	59. 0.	

See instructions on
pages 79 and 80,
to compute New York City
and Yonkers taxes,
credits, and tax
surcharges.

Voluntary contributions (whole dollar amounts only; see page 82)

60a	Return a Gift to Wildlife	60a.	
60b	Missing/Exploited Children Fund	60b.	
60c	Breast Cancer Research Fund	60c.	
60d	Alzheimer's Fund	60d.	
60e	Olympic Fund (\$2 or \$4; see page 82)	60e.	
60f	Prostate Cancer Research Fund	60f.	
60g	9/11 Memorial	60g.	
60	Total voluntary contributions (add lines 60a through 60g)	60.	
61	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61. 974.	

2013091024



FD004556

You must file all four pages of this original scannable return with the Tax Department.

Department of the Treasury — Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return 2010 (99) IRS Use Only — Do not write or staple in this area.

Name, Address, and SSN
 For the year Jan 1 - Dec 31, 2010, or other tax year beginning 2010, ending 20
 Your first name MI Last name
DAVID WILLIAMS
 If a joint return, spouse's first name MI Last name
 Spouse's social security number
 Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
 City, town or post office. If you have a foreign address, see instructions. State ZIP code
YONKERS, NY 10703
 Make sure the SSN above and on line are correct.
 Checking a box below will change your tax or refund.
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? ☐ You ☐ Spouse

Filing Status
 1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above & full name here.
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
 5 ☐ Qualifying widow(er) with dependent child

Exemptions
 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.
 b ☐ Spouse.
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax or (see instructions) ☐ if lived with you due to divorce or separation (see instructions) ☐ if did not live with you due to divorce or separation (see instructions) ☐ Dependents on 6c not entered above.
 d Total number of exemptions claimed. 1

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 3,224.
 8a Taxable interest. Attach Schedule B if required. 8a
 b Tax-exempt interest. Do not include on line 8a. 8b
 9a Ordinary dividends. Attach Schedule B if required. 9a
 b Qualified dividends. 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes.
 11 Alimony received.
 12 Business income or (loss). Attach Schedule C or C-EZ. 12 7,087.
 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ☐ 13
 14 Other gains or (losses). Attach Form 4797. 14
 15a IRA distributions. 15a b Taxable amount. 15b
 16a Pensions and annuities. 16a b Taxable amount. 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17
 18 Farm income or (loss). Attach Schedule F. 18
 19 Unemployment compensation. 19
 20a Social security benefits. 20a b Taxable amount. 20b
 21 Other income. 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 10,311.

Adjusted Gross Income
 23 Educator expenses. 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24
 25 Health savings account deduction. Attach Form 8889. 25
 26 Moving expenses. Attach Form 3903. 26
 27 One-half of self-employment tax. Attach Schedule SE. 27 501.
 28 Self-employed SEP, SIMPLE, and qualified plans. 28
 29 Self-employed health insurance deduction. 29
 30 Penalty on early withdrawal of savings. 30
 31a Alimony paid b Recipient's SSN. 31a
 32 IRA deduction. 32
 33 Student loan interest deduction. 33
 34 Tuition and fees. Attach Form 8917. 34
 35 Domestic production activities deduction. Attach Form 8903. 35
 36 Add lines 23 - 31a and 32 - 35. 36 501.
 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 9,810.

Enclosures:
 Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
 If you did not get a W-2, see instructions.
 Enclose, but do not attach, any payment. Also, please use Form 1040-V.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. FORM 1040 12/22/10 Form 1040 (2010)

FD004557

Form 1040 (2010) DAVID WILLIAMS

Page 2

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 9,810.

39a Check ☐ You were born before January 2, 1946, ☐ Blind. Total boxes checked ☐ 39a

if: ☐ Spouse was born before January 2, 1946, ☐ Blind. checked ☐ 39b

b If your spouse itemizes on a separate return, or you were a dual-status alien, check here ☐ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 5,700.

41 Subtract line 40 from line 38. 41 4,110.

42 Exemptions. Multiply \$3,650 by the number on line 6d. 42 3,650.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 460.

44 Tax (see instrs.). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 44 46.

45 Alternative minimum tax (see instructions). Attach Form 6251 45 0.

46 Add lines 44 and 45. 46 46.

47 Foreign tax credit. Attach Form 1116 if required. 47

48 Credit for child and dependent care expenses. Attach Form 2441. 48

49 Education credits from Form 8863, line 23. 49

50 Retirement savings contributions credit. Attach Form 8880. 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695. 52

53 Other crs. from Form: a ☐ 3800 b ☐ 8801 c ☐ 53

54 Add lines 47 through 53. These are your total credits. 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 46.

Other Taxes

56 Self-employment tax. Attach Schedule SE. 56 1,001.

57 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919. 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required. 58

59a ☐ Form(s) W-2, box 9 b ☐ Schedule H c ☐ Form 5405, line 16. 59

60 Add lines 55-59. This is your total tax. 60 1,047.

Payments

61 Federal income tax withheld from Forms W-2 and 1099. 61 308.

62 2010 estimated tax payments and amount applied from 2009 return. 62

63 Making work pay credit. Attach Schedule M. 63 400.

64a Earned income credit (EIC). 64a 278.

b Non-taxable combat pay election ☐ 64b

65 Additional child tax credit. Attach Form 8812. 65

66 American opportunity credit from Form 8863, line 14. 66

67 First-time homebuyer credit from Form 5405, line 10. 67

68 Amount paid with request for extension to file. 68

69 Excess social security and tier 1 RRTA tax withheld. 69

70 Credit for federal tax on fuels. Attach Form 4136. 70

71 Credits from Form: a ☐ 2439 b ☐ 8339 c ☐ 8801 d ☐ 8895. 71

72 Add lines 61-63, 64a, & 65-71. These are your total payments. 72 986.

Refund

73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid. 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. ☐ 74a

b Routing number: ☐ c Type: ☐ Checking ☐ Savings

d Account number: ☐

Direct deposit?
See instructions.

75 Amount of line 73 you want applied to your 2011 estimated tax. 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions. 76 61.

77 Estimated tax penalty (see instructions). 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name **SHARON LOCKE-STONEY** Phone no. **718 519-0322** Personal identification number (PIN) **[REDACTED]**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ☐ Date ☐ Your occupation ☐ Daytime phone number ☐

Spouse's signature. If a joint return, both must sign. ☐ Date ☐ Spouse's occupation ☐

Keep a copy for your records.

Print/type preparer's name ☐ Preparer's signature ☐ Date ☐ Check ☐ if ☐ PTIN ☐

Paid Preparer's Use Only

SHARON LOCKE-STONEY **SHARON LOCKE-STONEY** **[REDACTED]**

Firm's name **PRACTICAL SOLUTIONS COMPANIES INC.** **[REDACTED]**

Firm's address **BRONX, NY 10469** **[REDACTED]**

Firm's EIN **[REDACTED]** Phone no. **(718) 519-0322**

SCHEDULE C
(Form 1040)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0047

2010Department of the Treasury
Internal Revenue Service (99)Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).Attachment
Sequence No. 01

Name of proprietor

Social security number (SSN)

DAVID WILLIAMS

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

COURIER

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)G Did you 'materially participate' in the operation of this business during 2010? If 'No,' see instructions for limit on losses. ☒ Yes

H If you started or acquired this business during 2010, check here.

Part I Income1 Gross receipts or sales. **Caution.** See instructions and check the box if:

* This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or

* You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. ☐

1 16,016.

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 16,016.

4 Cost of goods sold (from line 42 on page 2)

4

5 Gross profit. Subtract line 4 from line 3

5 16,016.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7 16,016.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising

8

18 Office expense

18

9 Car and truck expenses (see instructions)

9

19 Pension and profit-sharing plans

19

10 Commissions and fees

10

20 Rent or lease (see instructions):

20

a Vehicles, machinery, and equipment

20a

b Other business property

20b

11 Contract labor (see instructions)

11

21 Repairs and maintenance

21

12 Depletion

12

22 Supplies (not included in Part III)

22

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13

23 Taxes and licenses

23

24 Travel, meals, and entertainment:

24

a Travel

24a

b Deductible meals and entertainment (see instructions)

24b

14 Employee benefit programs (other than on line 19)

14

25 Utilities

25

15 Insurance (other than health)

15

26 Wages (less employment credits)

26

16 Interest:

a Mortgage (paid to banks, etc.)

16a

b Other

16b

27 Other expenses (from line 48 on page 2)

27 8,929.

17 Legal & professional services

17

28 Total expenses before expenses for business use of home. Add lines 8 through 27

28 8,929.

29 Tentative profit or (loss). Subtract line 28 from line 7

29 7,087.

30 Expenses for business use of your home. Attach Form 8829

30

31 Net profit or (loss). Subtract line 30 from line 29.

31 7,087.

* If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

* If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

* If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

32a ☐ All investment is at risk.32b ☐ Some investment is not at risk.

* If you checked 32b, you must attach Form 6198. Your loss may be limited.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2010

FD0004559

FD004560

SCHEDULE SE
(Form 1040)**Self-Employment Tax**

OMB No. 1545-0074

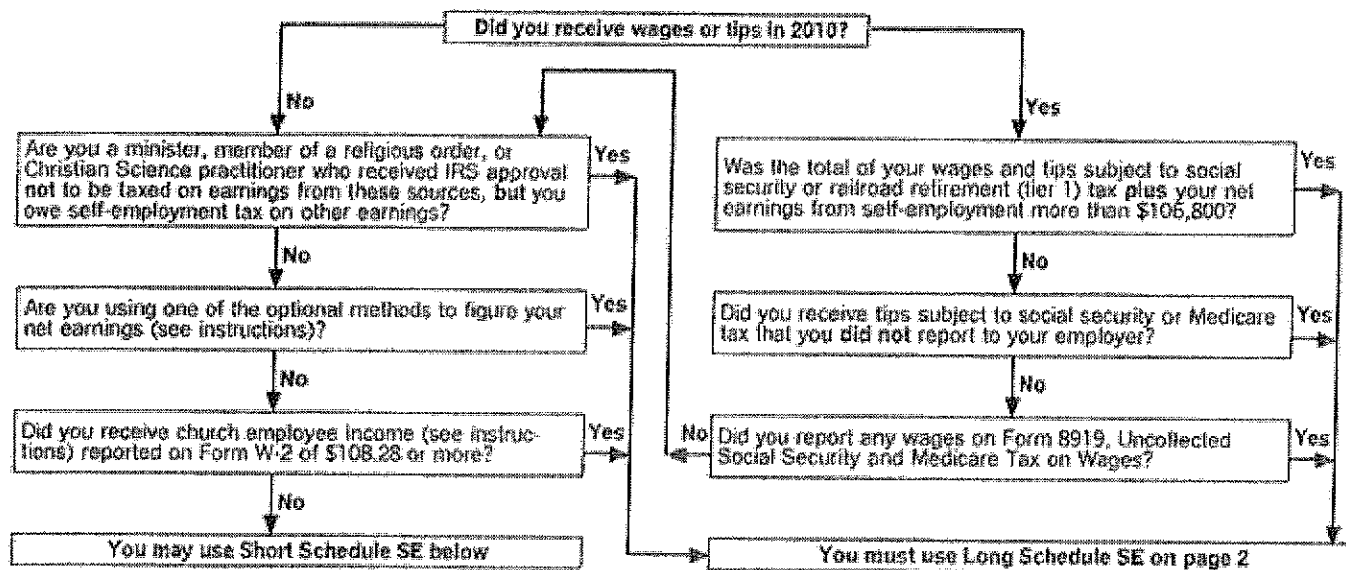
2010Department of the Treasury
Internal Revenue Service

(99) ▶ Attach to Form 1040 or Form 1040NR. ▶ See instructions for Schedule SE (Form 1040).

Attachment
Sequence No. 7

Name of person with self-employment income (as shown on Form 1040)

DAVID WILLIAMS

Social security number of person
with self-employment income ▶**Before you begin:** To determine if you must file Schedule SE, see the instructions.**May I Use Short Schedule SE or Must I Use Long Schedule SE?**Note. Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, in the instructions.**Section A — Short Schedule SE.** Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 35, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instrs for types of income to report on this line. See instrs for other income to report.	2	7,087.
3 Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see instructions).	3	7,087.
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b.	4	6,545.
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is:	5	1,001.
* \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54. * More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54.		
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27 or Form 1040NR, line 27	6	501.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2010

SCHEDULE M
(Form 1040A or 1040)**Making Work Pay Credit**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See separate instructions.

20Attachment
Sequence 1

Name(s) shown on return

DAVID WILLIAMS

Your social security number

Caution: To take the making work pay credit, you must include your social security number (if filing a joint return, the number of your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Social Security Administration issues social security numbers.

Caution: You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the 'No' box on line 1a and see the instructions if:

- (a) You have a net loss from a business.
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2.
- (c) Your wages include pay for work performed while an inmate in a penal institution.
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

☐ Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

☒ No. Enter your earned income (see instructions).....

1a 9,810.

b Nontaxable combat pay included on line 1a (see instructions).....

1b

2 Multiply line 1a by 6.2% (.062).....

2 608.

3 Enter \$400 (\$800 if married filing jointly).....

3 400.

4 Enter the smaller of line 2 or line 3 (unless you checked 'Yes' on line 1a).....

4 400.

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22.....

5 9,810.

6 Enter \$75,000 (\$150,000 if married filing jointly).....

6 75,000.

7 Is the amount on line 5 more than the amount on line 6?

☒ No. Skip line 8. Enter the amount from line 4 on line 9 below.

☐ Yes. Subtract line 6 from line 5.....

7

8 Multiply line 7 by 2% (.02).....

8

9 Subtract line 8 from line 4. If zero or less, enter -0-.....

9 400.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

☒ No. Enter -0- on line 10 and go to line 11.

☐ Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly).....

10

0.

11 Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40.....

11

400.

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule M (Form 1040A or 1040) 2010



New York State E-file Signature Authorization for Tax Year 2010 For Forms IT-150, IT-201, and IT-203

Electronic return originator (ERO): do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: DAVID WILLIAMS

Spouse's name: _____

(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-150, *Resident Income Tax Return (short form)*; IT-201, *Resident Income Tax Return (long form)*; or IT-203, *Nonresident and Part-Year Resident Income Tax Return*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-150, IT-201, and IT-203).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our Web site at www.nystax.gov and select *Find publications* to view this document.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579, 1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2010 Form IT-370*.

Part A – Tax return information

1 Federal adjusted gross income (from Form IT-150, line 11; IT-201, line 18; or IT-203, line 18).....	1.	9,810.
2 Refund (from Form IT-150, line 52; IT-201, line 78; or IT-203, line 68).....	2.	94.
3 Amount you owe (from Form IT-150, line 54; IT-201, line 80; or IT-203, line 70).....	3.	

Part B – Declaration of taxpayer and authorizations for Forms IT-150, IT-201, and IT-203

Under penalty of perjury, I declare that I have examined the information on my 2010 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2010 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2010 electronic return, and I authorize my financial institution to withdraw the amount from my account.

Taxpayer's signature: _____

Date: _____

Spouse's signature: _____
(jointly filed return only)

Date: _____

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2010 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2010 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2010 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2010 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____

Date: _____

Print name: _____

Paid preparer's signature: SHARON LOCKE-STONEY

Date: _____

Print name: SHARON LOCKE-STONEY

New York State Department of Taxation and Finance

Resident Income Tax Return (long form)

2010

IT-201

New York State • New York City • Yonkers

For the full year January 1, 2010, through December 31, 2010, or fiscal year beginning

For help completing your return, see the combined instructions Form IT-150 and IT-201, and ending

Important: You must enter your social security number(s) in the boxes to the right.

Print or type	Your first name and middle initial		Your last name (for a joint return, enter spouse's name on line below)		✓ Your social security number
	DAVID		WILLIAMS		[REDACTED]
	Spouse's first name and middle initial		Spouse's last name		✓ Spouse's social security number
Mailing address (see instructions) (number and street or rural route)			Apartment number	New York State county of residence	
City, village, or post office			State	Zip code	• WEST
YONKERS			NY	10703	• School district name
Permanent home address (see instructions) (number and street or rural route)			Apartment number	• YONKERS	
City, village, or post office			State	Zip code	• School district code number 715
NY					

(A) Filing status — mark an X in one box: Staple check or money order here	1	X	Single	(D) Choose direct deposit to avoid paper check refund delays.
	2		Married filing joint return (enter spouse's social security number above)	(E) (1) Did you or your spouse maintain living quarters in NYC during 2010 (see instructions)? Yes No X
	3		Married filing separate return (enter spouse's social security number above)	(2) Enter the number of days spent in NYC in 2010 (any part of a day spent in NYC is considered a day)
	4		Head of household (with qualifying person)	(F) NYC residents and NYC part-year residents only (see instructions):
	5		Qualifying widow(er) with dependent child	(1) Number of months you lived in NYC in 2010 • (2) Number of months your spouse lived in NYC in 2010 •
(B) Did you itemize your deductions on your 2010 federal income tax return? Yes No X			(G) Enter your 2-character special condition code if applicable (see instructions) •	
(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X			If applicable, also enter your second 2-character special condition code •	

Federal income and adjustments

Only full-year NY State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see instructions). Also see instructions for showing a loss.

	Dollars
1 Wages, salaries, tips, etc	1. 3,224.
2 Taxable interest income	2.
3 Ordinary dividends	3.
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4.
5 Alimony received	5.
6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	6. 7,087.
7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)	7.
8 Other gains or losses (attach a copy of federal Form 4797)	8.
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9.
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10.
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach copy of federal Schedule E, Form 1040)	11.
12 Farm income or loss (attach a copy of federal Schedule F, Form 1040)	12.
13 Unemployment compensation	13.
14 Taxable amount of social security benefits (also enter on line 27)	14.
15 Other income (see instructions) Identify:	15.
16 Add lines 1 through 15	16. 10,311.
17 Total federal adjustments to income (see instructions) Identify: SEE STATEMENT 1	17. 501.
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 9,810.

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Page 2 of 4 IT-201 (2010)

* Enter your social security number

DAVID WILLIAMS

Dollars

19 Federal adjusted gross income (from line 18 on page 1) 19. 9, 8

New York additions (see instructions)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20. ,
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see instrs) 21.
 22 New York's 529 college savings program distributions (see instructions) 22.
 23 Other (see instructions) Identify: 23.
 24 Add lines 19 through 23 24. 9, 8

New York subtractions (see instructions)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see instrs) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see instructions) 29.
 30 New York's 529 college savings program deduction / earnings 30.
 31 Other (see instrs) Identify: 31.
 32 Add lines 25 through 31 32.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 9, 810.

Standard deduction or itemized deduction (see instructions)

34 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: * X Standard or % Itemized 34. 7, 500.
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 2, 310.
 36 Dependent exemptions (not the same as total federal exemptions; see instructions) 36.
 37 Taxable income (subtract line 36 from line 35) 37. 2, 310.

**New York State
standard deduction table**

Filing status (from page 1)	Standard deduction (enter on line 34 above)
1 Single and you marked item C Yes	\$ 3,000
1 Single and you marked item C No	7,500
2 Married filing joint return	15,000
3 Married filing separate return	7,500
4 Head of household (with qualifying person)	10,500
5 Qualifying widow(er) with dependent child	15,000

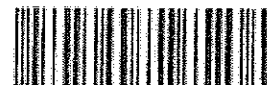
* or *

New York State itemized deduction worksheet

a Medical and dental expenses (federal Schedule A, line 4)	a.
b Taxes you paid (federal Schedule A, line 9)	b.
b1 State, local, and foreign income taxes (or general sales tax, if applicable) included in line b above	b1.
c Interest you paid (federal Schedule A, line 15)	c.
d Gifts to charity (federal Schedule A, line 19)	d.
e Casualty and theft losses (federal Schedule A, line 20)	e.
f Job expenses/misc deductions (fed Sch A, line 27)	f.
g Other misc deductions (federal Sch A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instrs)	i.
j Subtract line i from line h	j.
k Addition adjustments (see instrs)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see instructions)	m.
n Subtract line m from line i	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.

NYIA1312L 12/28/10

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FD004565

Name(s) as shown on page 1

Enter your social security number

IT-201 (2010) Page 3 of 4

DAVID WILLIAMS

Tax computation, credits, and other taxes (see instructions)

38	Taxable income (from line 37 on page 2)	38.	2,310.
39	New York State tax on line 38 amount (see Tax Computation in the instructions)	39.	93.
40	New York State household credit (from table 1, 2, or 3 in the instructions)	40.	45.
41	Resident credit (attach Form IT-112-R or IT-112-G, or both; see instructions)	41.	
42	Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.	
43	Add lines 40, 41 and 42	43.	45.
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	48.
45	Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.	
46	Total New York State taxes (add lines 44 and 45)	46.	48.

New York City and Yonkers taxes, credits, and tax surcharges

47	New York City resident tax on line 38 amount (see instrs)	47.	
48	New York City household credit (from table 4, 5, or 6 in instructions)	48.	
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	
50	Part-year New York City resident tax (attach Form IT-360.1)	50.	
51	Other New York City taxes (from Form IT-201-ATT, line 36; attach form)	51.	
52	Add lines 49, 50, and 51	52.	
53	New York City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.	
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	
55	Yonkers resident income tax surcharge (see instructions)	55.	1.
56	Yonkers nonresident earnings tax (attach Form Y-203)	56.	
57	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.	
58	Total New York City and Yonkers taxes/surcharges (add lines 54 through 57)	58.	1.
59	Sales or use tax (See the instructions. Do not leave line 59 blank)	59.	0.

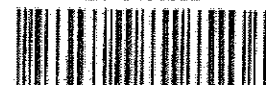
See instructions to
compute NYC and
Yonkers taxes, credits,
and tax surcharges.**Voluntary contributions** (whole dollar amounts only; see instructions)

60a	Return a Gift to Wildlife	60a.	
60b	Missing/Exploited Children Fund	60b.	
60c	Breast Cancer Research Fund	60c.	
60d	Alzheimer's Fund	60d.	
60e	Olympic Fund (\$2 or \$4; see instructions)	60e.	
60f	Prostate Cancer Research Fund	60f.	
60g	9/11 Memorial	60g.	
60h	Volunteer Firefighting & EMS Recruitment Fund	60h.	
60	Total voluntary contributions (add lines 60a through 60h)	60.	
61	Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61.	49.

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Page 4 of 4 IT-201 (2010)

* Enter your social security number

DAVID WILLIAMS

62 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3)

62.

49.

Payments and refundable credits (see instructions)

63 Empire State child credit (attach Form IT-213)	63.	
64 NYS/ NYC State child and dependent care credit (attach Form IT-216)	64.	
65 NYS earned income credit (EIC) (attach Form IT-215 or IT-209)	65.	38.
66 NYS noncustodial parent EIC (attach Form IT-209)	66.	
67 Real property tax credit (attach Form IT-214)	67.	
68 College tuition credit (attach Form IT-272)	68.	
69 NYC school tax credit (also complete (F) on page 1; see instrs)	69.	
70 NYC earned income credit (attach Form IT-215 or IT-209)	70.	
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form)	71.	
72 Total New York State tax withheld	72.	95.
73 Total New York City tax withheld	73.	
74 Total Yonkers tax withheld	74.	10.
75 Total estimated tax payments / Amount paid with Form IT-370	75.	
76 Total payments (add lines 63 through 75)	76.	143.

Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return (see instructions)

Staple them (and any other applicable forms) to the top of this page 4.

See the instructions for the proper assembly of your four-page return and all attachments.

Your refund / amount overpaid (see instructions)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77.	94.
78 Amount of line 77 to be refunded by (mark one):	Direct deposit (mark line 82) or	X paper check refund 78.
79 Amount of line 77 that you want applied to your 2011 estimated tax. (see instructions)	79.	

Amount you owe (see instructions)

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark this box	and mark line 82	80.
81 Estimated tax penalty (Include this amount in line 80, or reduce the overpayment on line 77; see instructions.)	81.	

Account information

82 Account information for direct deposit or electronic funds withdrawal. See instructions.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see instructions)

82a Routing number *

Electronic funds withdrawal effective date

82b Account number *

82c Account Type *

Checking *

Savings

Third-party designee? (see instrs.)

Print designee's name

SHARON LOCKE-STONEY

Designee's phone number

718-519-0322

Personal identification number (PIN)

Yes X No

E-mail: PRACTICAL.TAX@VERIZON.NET

*** Paid preparer must complete (see instructions) ****** Taxpayer(s) must sign here ***

Preparer's signature

Date

Your signature

* SHARON LOCKE-STONEY

* Preparer's NYTPRN

Firm's name (for you, if self-employed)

* Preparer's SSN or PTIN

Your occupation

PRACTICAL SOLUTIONS COMPANIES INC.

Address

* Employer ID number

Spouse's signature and occupation (if joint return)

BRONX, NY 10469

Mark X if self-employed

Date

* Daytime phone number

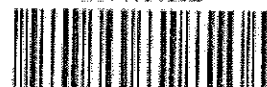
E-mail: PRACTICAL.TAX@VERIZON.NET

E-mail:

See instructions for where to mail your return.

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FD004567

New York State Department of Taxation and Finance

Summary of W-2 Statements
New York State • New York City • Yonkers

2010

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions.

Taxpayer's first name and middle initial

DAVID

Taxpayer's last name

WILLIAMS

† Your social security number

Spouse's first name and middle initial

Spouse's last name

† Spouse's social security number

**W-2
Record 1**Box c Employer's name and full address (including ZIP code)
CEREBRAL PALSY OF WESTCHESTER
PO BOX 555

PURCHASE

NY 10577

Box b Employer identification number (EIN)

Box 12a Amount

† Code

Box 15 State

Box 16

State wages, tips, etc. (for

NY

3,224.

This W-2 record is for

Box 12b Amount

† Code

Box 17

New York State income tax withheld

(mark an X in one box)

Box 12c Amount

† Code

Box 18

Local wages, tips, etc. (see inst)

Taxpayer ☒ Spouse

Locality a

3,224.

Box 1 Wages, tips, other compensation

Box 12d Amount

† Code

Locality b

3,224.

Box 19

Local income tax withheld

Box 8 Allocated tips

Locality a

10.

Box 9 Advance EIC payment

Box 13 Statutory employee

Box 14a Amount

† Description

Box 20 Locality name

Box 10 Dependent care benefits

Box 14b Amount

† Description

Locality a

YONKERS

Box 11 Nonqualified plans

Box 14c Amount

† Description

Locality b

Corrected (W-2c)

Do not detach.

Box c Employer's name and full address (including ZIP code)

**W-2
Record 2**

Box 12a Amount

† Code

Box 15 State

Box 16

State wages, tips, etc. (for NYS)

Box b Employer identification number (EIN)

Box 12b Amount

† Code

Box 17

New York State income tax withheld

This W-2 record is for

Box 12c Amount

† Code

Box 18

Local wages, tips, etc. (see inst)

(mark an X in one box)

Taxpayer ☐ Spouse

Locality a

Box 1 Wages, tips, other compensation

Box 12d Amount

† Code

Locality b

Box 8 Allocated tips

Box 13 Statutory employee

Locality a

Locality b

Box 9 Advance EIC payment

Box 14a Amount

† Description

Box 20 Locality name

Box 10 Dependent care benefits

Box 14b Amount

† Description

Locality a

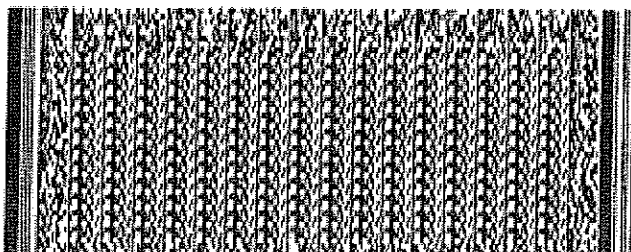
Locality b

Box 11 Nonqualified plans

Box 14c Amount

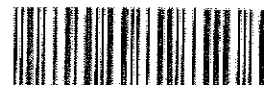
† Description

Corrected (W-2c)



Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

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NYTA6601L 12/16/10

FD004568

New York State Department of Taxation and Finance

2010

Claim for Earned Income Credit

IT-215

New York State • New York City

Attach this form to Form IT-150, IT-201, or IT-203.

Name(s) as shown on return

Your social security number

DAVID WILLIAMS

- 1 Did you claim the federal earned income credit for 2010? If **No**, stop; you do not qualify for these credits. 1. Yes ☒ X
- 2 Is your investment income (see instructions) greater than \$3,100? If **Yes**, stop; you do not qualify for these credits. 2. Yes
- 3 Have you already filed your 2010 New York State income tax return? If **Yes**, you must file an amended NYS return. 3. Yes
- 4 Did you claim qualifying children on your 2010 federal Schedule EIC? If **No**, continue with line 5. If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. 4. Yes
- If you claimed more than three, see instructions.

First name and middle initial	Last name	Relationship	No. of months lived with you	Full-time student*	Person with disability*	Social security number
		*			*	*
		*			*	*
		*			*	*

*Mark an X in these boxes only if you checked **Yes** in the same box on your 2010 federal Schedule EIC (box 4a or 4b)

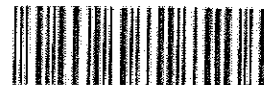
- 5 Is the IRS figuring your federal earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** in the Form IT-215-I instructions. Part-year New York City residents must also complete line 28 on page 2 of this claim form. 5. Yes ☐ No ☒ X
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, in the instructions, Form IT-215-I. 6. Dollars 3,224.
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions). 7.
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 14, 26, and 3). Employer identification number (see instructions) • 064-86-9695 8. 6,586.
- 9 Enter your federal adjusted gross income (from Form IT-150, line 11; Form IT-201, line 19; or Form IT-203, line 19, Federal amount column) 9. 9,810.
- 10 Amount of federal EIC claimed (from federal Form 1040EZ, line 7a; Form 1040A, line 41a; or Form 1040, line 64a) 10. 278.
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11. .30
- 12 Tentative New York State EIC (multiply line 10 by line 11; see instructions) 12. 83.

If you are a Form IT-201 or Form IT-203 filer, complete **Worksheet B** on page 2 before continuing.

- 13 Form IT-150 filers, copy the amount from Form IT-150, line 27. Form IT-201 and Form IT-203 filers, copy the amount from **Worksheet B**, line 5, on page 2 of this form. 13. 93.
- 14 New York State household credit (from Form IT-150, line 28; Form IT-201, line 40; or Form IT-203, line 39) 14. 45.
- 15 Enter the smaller of line 13 or line 14. 15. 45.
- 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) 16. 38.
- 17 If your New York State filing status is 3, **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. 17.
- Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) •

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FD004569

Form IT-215 (2010) Page 2

DAVID WILLIAMS

Part-year New York State resident earned income credit***Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.**

*Dollars

- 18 Enter your New York State earned income credit (from line 16 or line 17) 18.
- 19 Enter the amount from Form IT-203, line 42 19.
- If line 19 is equal to or more than line 18, stop. You do not have excess New York state earned income credit
- If line 19 is less than line 18, continue on line 20 below
- 20 Excess New York State earned income credit (subtract line 19 from line 18) 20.
- 21 Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.) 21.
- If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32
- If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below
- 22 Subtract line 21 from line 20. This is your remaining excess New York State earned income credit 22.
- 23 Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet 23.
- 24 Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet 24.
- 25 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) 25.
- 26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit 26.

New York City earned income credit (full-year and part-year New York City residents)

- 27 From *Worksheet C, New York City earned income credit*, in Form IT-215-1, *Instructions for Form IT-215*. Enter here and on Form IT-150, line 45; Form IT-201, line 70; or Form IT-203-ATT, line 11 Part-year New York City residents must also complete line 28 below 27.
- 28 Part-year New York City adjusted gross income
Enter the amounts from *Worksheet C*, lines 6 and 7 28A. 28B.

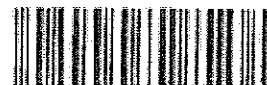
Worksheet B (for Form IT-201 and Form IT-203 filers only)

- 1 New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) 1. 93.
- 2 Resident credit (see instructions) 2.
- 3 Accumulation distribution credit (see instructions) 3.
- 4 Add lines 2 and 3 4.
- 5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on page 1 of this form 5. 93.

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Please file this original scannable form with the Tax Department.

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FD004570

2010

NEW YORK STATEMENTS

PAGE 1

DAVID WILLIAMS

STATEMENT 1
FORM IT-201, LINE 17
ADJUSTMENTS TO INCOME

ONE HALF OF SELF-EMPLOYMENT TAX.....	\$	501.
TOTAL	\$	<u>501.</u>

FD004571

SCHEDULE C
(Form 1040)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0044

2010Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)* Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
* Attach to Form 1040, 1040NR, or 1041. * See instructions for Schedule C (Form 1040).

Name of proprietor

Social security number (SSN)

DAVID WILLIAMS**A** Principal business or profession, including product or service (see instructions)**COURIER****B** Enter code from instructions* **492000****C** Business name, if no separate business name, leave blank.**D** Employer ID number (EIN), if any**E** Business address (including suite or room no.) *

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ***G** Did you 'materially participate' in the operation of this business during 2010? If 'No,' see instructions for limit on losses. ☒ Yes**H** If you started or acquired this business during 2010, check here. ☐**Part I Income****1** Gross receipts or sales. Caution. See instructions and check the box if:

* This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or

* You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. ☐**1** 16,016.**2** Returns and allowances**2****3** Subtract line 2 from line 1**3** 16,016.**4** Cost of goods sold (from line 42 on page 2).**4****5** Gross profit. Subtract line 4 from line 3**5** 16,016.**6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)**6****7** Gross income. Add lines 5 and 6**7** 16,016.**Part II Expenses.** Enter expenses for business use of your home only on line 30.**8** Advertising**8****18** Office expense**18****9** Car and truck expenses (see instructions)**9****19** Pension and profit-sharing plans**19****10** Commissions and fees**10****20** Rent or lease (see instructions):**20****11** Contract labor (see instructions)**11****a** Vehicles, machinery, and equipment**20a****12** Depletion**12****b** Other business property**20b****13** Depreciation and section 179 expense deduction (not included in Part III) (see instructions)**13****21** Repairs and maintenance**21****14** Employee benefit programs (other than on line 19)**14****22** Supplies (not included in Part III)**22****15** Insurance (other than health)**15****23** Taxes and licenses**23****16** Interest:**16****24** Travel, meals, and entertainment:**24****a** Mortgage (paid to banks, etc.)**16a****a** Travel**24a****b** Other**16b****b** Deductible meals and entertainment (see instructions)**24b****17** Legal & professional services**17****25** Utilities**25****26** Wages (less employment credits)**26****27** Other expenses (from line 48 on page 2)**27** 8,929.**28** Total expenses before expenses for business use of home. Add lines 8 through 27**28** 8,929.**29** Tentative profit or (loss). Subtract line 28 from line 7**29** 7,087.**30** Expenses for business use of your home. Attach Form 8829**30****31** Net profit or (loss). Subtract line 30 from line 29.**31** 7,087.

* If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

* If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

* If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

* If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☐ All investment is at risk.**32b** ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2010

FD020112L 12/27/10

FD004572

Schedule C (Form 1040) 2010 DAVID WILLIAMS

Page 2

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself.	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) _____

44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

GAS	2,160.
Parking and Tolls	3,769.
Telephone	3,000.
48 Total other expenses. Enter here and on page 1, line 27	8,929.

Schedule C (Form 1040) 2010

Copy C, for employees records

Form W-2 Wage and Tax Statement 2010

a Control number 0415-B210 009695-000041		Verd	c Employer's name, address, and ZIP code CEREBRAL PALSY OF WESTCHESTER PO BOX 555 PURCHASE NY 10577		Department of the Treasury - Internal Revenue Service OMB No. 1545-0048	
b Employer's identification number [REDACTED]		g Employee's social security number [REDACTED]		1 Wages, tips, other compensation 3224.39		2 Federal income tax withheld [REDACTED]
13 Statutory employee [REDACTED]		14 Other NYSD3 4.87		3 Social security wages 3224.39		4 Social security tax [REDACTED]
12 See instructions for Box 12		e Employee's name, address, and ZIP code DAVID WILLIAMS YONKERS NY 10703		5 Medicare wages and tips 3224.39		6 Medicare tax [REDACTED]
				7 Social security tips [REDACTED]		8 Allocated
				9 Advance EIC payment [REDACTED]		10 Dependents [REDACTED]
				11 Nonqualified plans [REDACTED]		
15 State NY	Employer's state ID No. 131690769	16 State wages, tips, etc. 3224.39	17 State income tax 95.08	18 Local wages, tips, etc. 3224.39	19 Local income tax 9.52	20 Loc NY

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. LATE NIGHT EXPRESS COURIER SER 1545 NE.123RD ST NORTH MIAMI FL 33161		1 Rents \$	OMB No. 1545-0116 2010 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
MORDY/CARLO 718 687-6016		3 Other income \$	4 Federal income tax withheld \$	Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number	RECIPIENT'S identification number [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name DAVID WILLIAMS Street address (including apt. no.) City, state, and ZIP code YONKERS NY 10703		7 Nonemployer compensation \$ 16016.00	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions) MSY 0027 Batch# 000827		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

FD004574

Form **8879**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- Do not send to the IRS. This is not a tax return.
► Keep this form for your records. See instructions.

OMB No. 1545-0074

201

Declaration Control Number (DCN) ►

00-131581-36330-1

Taxpayer's name

DAVID WILLIAMS

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2010 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	
4 Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	
5 Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	5	61.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize PRACTICAL SOLUTIONS COMPANIES INC. to enter or generate my PIN

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2010 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2010 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► **SHARON LOCKE-STONEY**

Date

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (2010)

FDJAT2010L 11/19/10

FD004615

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115	
LATE EXPRESS COURIER SERVICE INC 1545 N.E. 123RD STREET NORTH MIAMI FL 33161 (305)807-1926		\$	2012 Form 1099-MISC	
		2 Royalties		
		\$		
PAYER'S federal identification number		3 Other income	4 Federal income tax withheld	
RECIPIENT'S identification number		\$	\$	
RECIPIENT'S name		5 Fishing boat proceeds	6 Medical and health care payments	
JUAN Y D GUZMAN Street address (including apt. no.) City, state, and ZIP code MACUNGIE PA 18062 Account number (see instructions) 009082LONG/266 A		\$	\$	
15a Section 409A deferrals		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
\$		\$ 15082.00	\$	
15b Section 409A income		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	
\$		\$	\$	
16 State tax withheld		11	12	
\$		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
\$		\$	\$	
17 State/Payer's state no.		18 State income		
FL		\$		

Form 1099-MISC Department of the Treasury - Internal Revenue Service

Copy 2
To be filed with recipient's state income tax return, when required.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115	
LATE EXPRESS COURIER SERVICE INC 1545 N.E. 123RD STREET NORTH MIAMI FL 33161 (305)807-1926		\$	2012 Form 1099-MISC	
		2 Royalties		
		\$		
PAYER'S federal identification number		3 Other income	4 Federal income tax withheld	
RECIPIENT'S identification number		\$	\$	
RECIPIENT'S name		5 Fishing boat proceeds	6 Medical and health care payments	
JUAN Y D GUZMAN Street address (including apt. no.) City, state, and ZIP code MACUNGIE PA 18062 Account number (see instructions) 009082LONG/266 A		\$	\$	
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\$		\$ 15082.00	\$	
15b Section 409A income		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	
\$		\$	\$	
16 State tax withheld		11	12	
\$		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
\$		\$	\$	
17 State/Payer's state no.		18 State income		
FL		\$		

Form 1099-MISC Department of the Treasury - Internal Revenue Service

Copy B
For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.